

# Southern Health & Social Care Trust

## *Corporate Plan 2023/24*

### Mid-Ulster District Council

Brian Beattie, Director of Adult Community Services  
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25<sup>th</sup> January 2024

# ABOUT OUR TRUST

The Southern HSC Trusts geography covers the council areas of Armagh City, Banbridge and Craigavon; parts of Newry, Mourne and Downe, and the Mid-Ulster Councils. The Trust provides health and social care services to residents of these areas and to others who travel to the Southern Trust to avail of regional services.



## Population

We provide acute and community health and social care services to a population of **383,541 adults and children**

Our population health indicates inequalities in health and life expectancy across our localities, with specific areas of deprivation and rurality noted.



## Workforce

We employ a workforce of **14,887 people**

to provide health and social care to our local population. Our workforce encompasses many nationalities and cultures.



## Finance

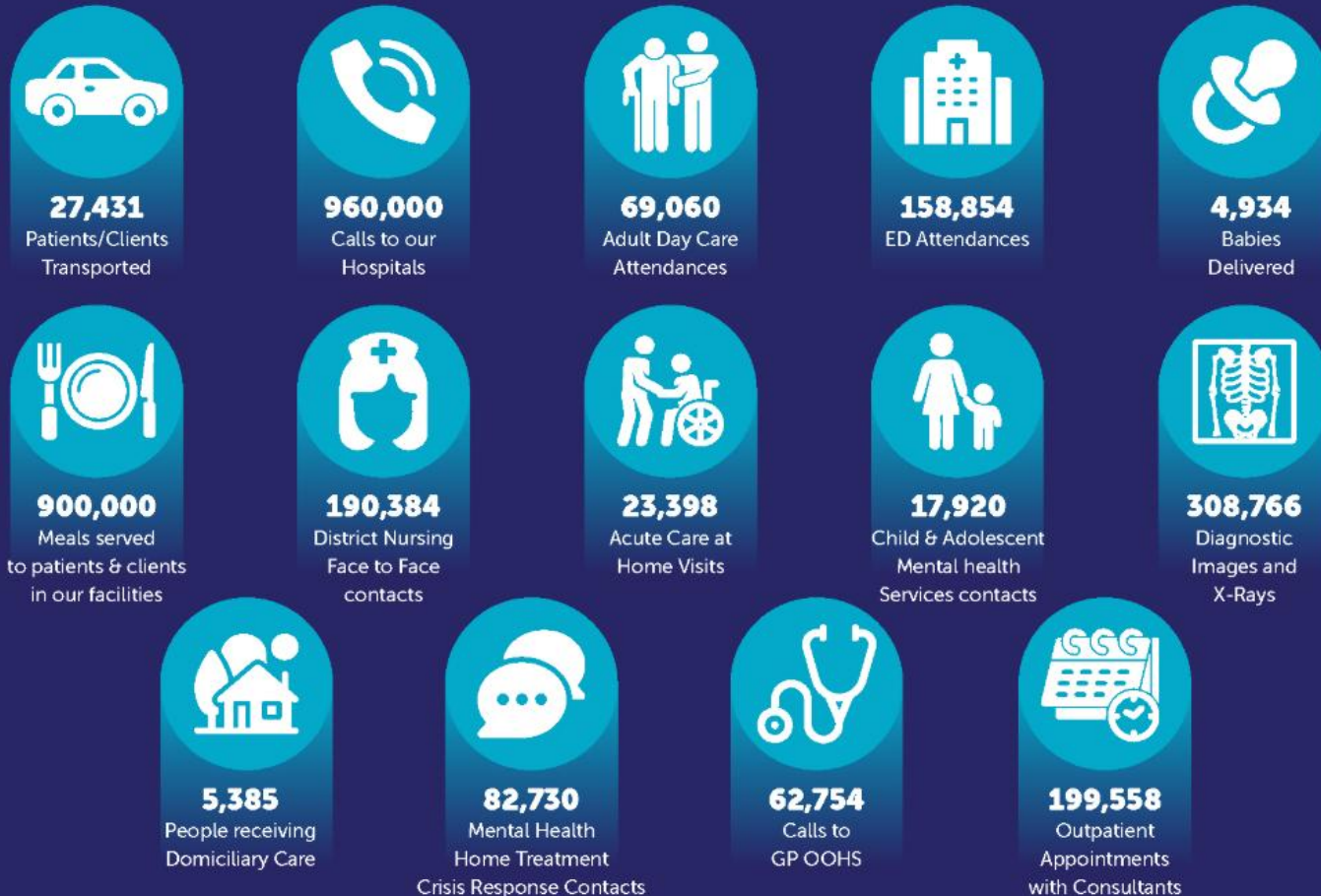
We spend almost **£2.6 million** per day delivering care to local people.



## Estate

The Trust have a substantial property portfolio with a diverse range of sites comprising of **226 Trust owned buildings.**

# A SNAPSHOT OF SERVICES WE DELIVER IN A TYPICAL YEAR





# OUR TRUST OBJECTIVES



Our Trust Corporate Objectives are described below:

**BETTER OUTCOMES** We will put **Quality and Safety** above all else, providing safe, high value evidence based care to improve patient, service users and carer **experience**.

**HEALTHY LIVES** We will work to advance **Health Equity** and reduce health inequalities to enable our service users to enjoy long healthy full lives; Living Matters, Dying Matters.

**IMPROVEMENT** We will integrate **Improvement** into every day working, reducing harm, variation and waste and encourage innovation, authenticity and excellence.

**BETTER VALUE** We will ensure we make the **Best use of all our resources**.

**GOOD PARTNERS** We will **Work Collaboratively** with patients, service users, our people and stakeholders and become a better partner.

**OUR PEOPLE** We will support the **wellbeing, sense of belonging and growth** of all our people working in our organisation.

# Trust Developments – supporting our Population

- Relocation of Day Clinical Centre to South Tyrone Hospital
- Completion of new CT Scanning suite at Craigavon Area Hospital
- New Physiotherapy Outpatients Department at St Luke's Hospital, Armagh
- £9million investments Daisy Hill Hospital Electrical infrastructure upgrade.
- Development of a Regional Overnight Elective Centre at Daisy Hill Hospital
- Successful International Medical Recruitment campaign – 70 Drs across range of grades/specialties.
- Successful International Nurse Recruitment Programme

## Looking Forward:

- Rapid Diagnostic Centre at South Tyrone Hospital
  - additional CT scanners to reduce time for cancer diagnosis and improve patient outcomes.
  - Vague Symptom Pathway operational Autumn 2023



# South Tyrone Hospital Profile:

- 45 bed Rehab Unit
- 15 place Day Hospital for Older People
- Rapid Access Clinic
- Outpatient, Day Surgery and Radiology Services
- Ambulatory Paediatric Service
- Ophthalmology and Audiology Services
- Minor Injuries Unit
- Community Teams – CAMHS MH Support and Recovery, Psychology, Carland House Resource Centre, Family Intervention Teams, Health Visiting Teams, Intermediate Care Services
- Community Mental Health Services
- Dungannon based Day care for Disability service
- Day Elective Centre

# Recognising our challenges in HSC:



- **Demographic growth**

- Southern area - projected population increase of c12% by 2043
  - Mid Ulster LGD population increase of 9.6%
- More significant growth in ageing population
- Highest birth rate (per 1000 pop) of all Trusts, 12.7 compared to 10.9 NI average.
  - Mid Ulster LGD was 13 (highest of all LGDs).
- Census 2021 recorded the number of people who stated they had an emotional or mental health condition.
  - NI: 1 in 10, SHSCT:1 in 13, Mid Ulster 1 in 14



- **Financial constraints**



- **Workforce pressures**

- Improving quality of care in the face of current demand
- Workforce stabilisation – medical nursing, social work, health visitors, psychologists, AHP, Care Workers – domiciliary care/residential & nursing homes



# Emergency Department

## 4 hour Type 1 ED Performance September 2022 vs September 2023

Department	Attendances		Four Hour		Target Achieved
	Attendances	Change Attend	% within 4 hrs	Change 4 hrs	
Mater	3,701	↑ 702	48.9%	↓ -0.9	✗
RVH	6,527	↑ 1,699	55.0%	↑ 9.3	✗
RBHSC	3,588	↓ -418	72.0%	↑ 3.7	✗
Antrim	6,327	↑ 337	49.1%	↓ -4.4	✗
Causeway	4,119	↑ 141	53.9%	↓ -0.4	✗
Ulster	7,975	↓ -825	67.0%	↓ -15	✗
Craigavon	6,522	↓ -284	40.4%	↓ -0.1	✗
Daisy Hill	4,378	↓ -142	51.5%	↓ -4	✗
Altnagelvin	5,482	↓ -104	45.6%	↑ 2.3	✗
SWA	3,184	↓ -18	53.8%	↑ 4.1	✗

Patients staying longer – increased Length of Stay  
Complex and simple discharge delays  
Emergency Department Overcrowding

## 12 hour Type 1 ED Performance September 2022 vs September 2023

Department	Attendances		12 Hour		Target Achieved
	Attendances	Change Attend	Over 12 hrs	Change 12 hrs	
Mater	3,701	↑ 702	434	↑ 16	✗
RVH	6,527	↑ 1,699	2,149	↑ 101	✗
RBHSC	3,588	↓ -418	11	↓ -4	✗
Antrim	6,327	↑ 337	1,245	↑ 18	✗
Causeway	4,119	↑ 141	488	↑ 17	✗
Ulster	7,975	↓ -825	1,512	↑ 43	✗
Craigavon	6,522	↓ -284	1,371	↑ 286	✗
Daisy Hill	4,378	↓ -142	605	↑ 128	✗
Altnagelvin	5,482	↓ -104	669	↓ -18	✗
SWA	3,184	↓ -18	379	↓ -64	✗

Emergency Department Waits continue to increase; no increase in ED attendances

### Key Message:

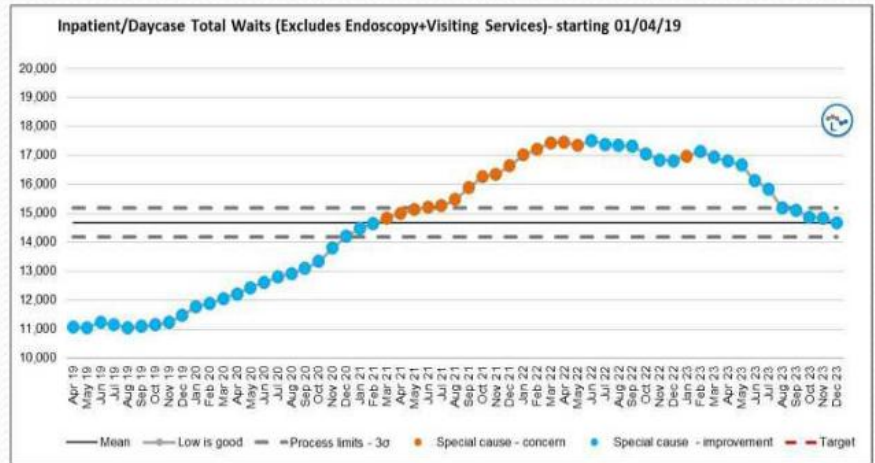
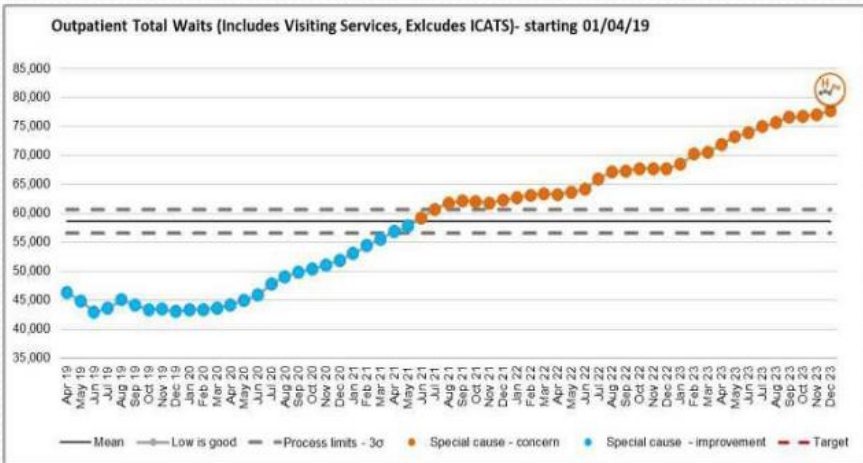
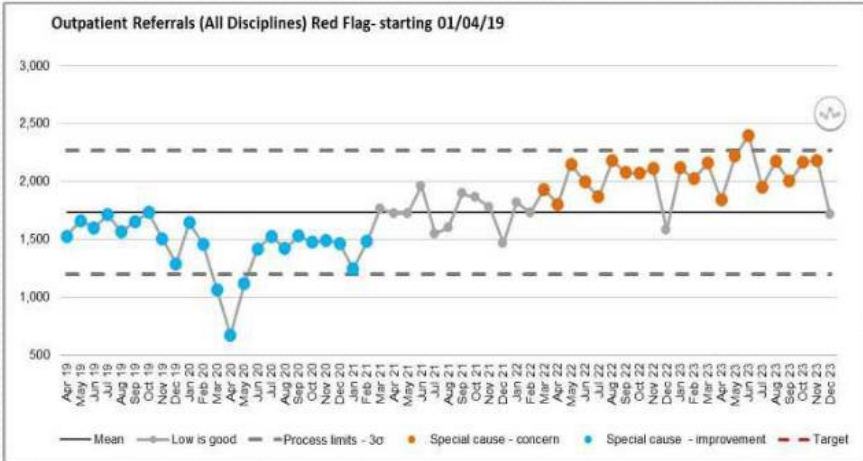
Work with us to enable discharge when you or your relative is assessed as medically fit to leave the hospital.

This avoids increasing frailty/deconditioning of older people who remain in hospital unnecessarily & improves hospital Flow.

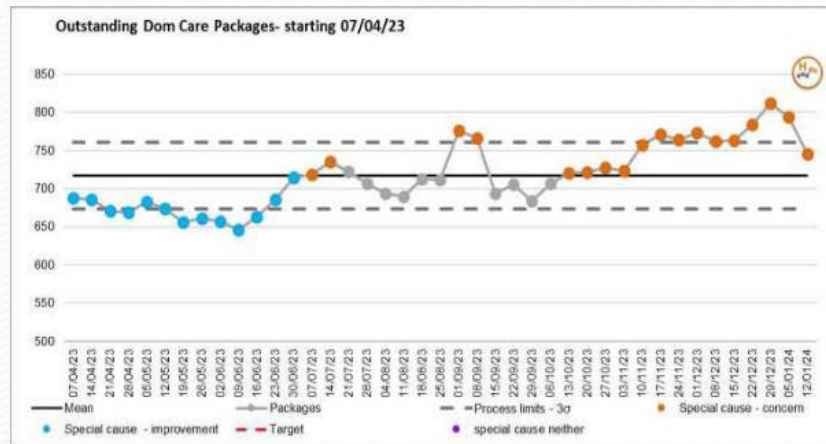
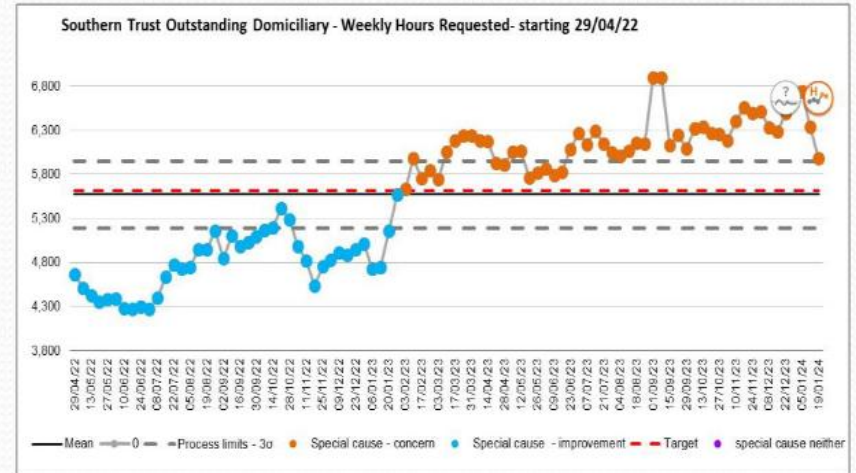
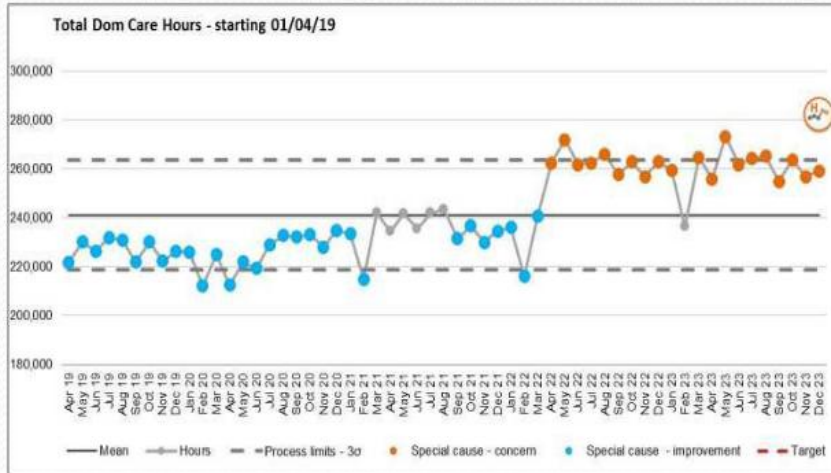


# Red Flag Referrals and Outpatient and Inpatient/Day Case Waits

Increasing volumes of patients waiting  
Increase demand for red flag assessments



# Domiciliary Care





# Mental Health Services:

- **Weekend Cover Arrangements**

- **Home Treatment & Crisis Response Service**

- Operates 24/7, including OOH 5pm - 9am.
    - Home Treatment function – triage/assessment/treatment as alternative to hospital admission.(admission prevention/discharge support)
    - Crisis function – safely manages individuals in the community, immediate/short term needs of people not currently involved with MH services eg; people experiencing acute mental distress.



- **Integrated Liaison Service**

- Provides emergency department and acute hospital patients 24hr rapid access to specialist mental health assessment (within 2 hours/24 hrs respectively).
    - Service operates 24/7, on a daily basis at Craigavon Area Hospital & Daisy Hill Hospital



# Regional Mental Health Strategy



- **Southern Trust actions completed**

- SPPG recruited Head of Regional Mental Health Service December 2023.
- Implementation of Perinatal Mental Health Service
- Commenced the development of single mental health service in southern area.
- Development of Recovery College
- Enhanced Crisis Services
- MDT Mental Health Nurses – (Newry GP Federation only, at this stage)
- Impacted by lack of available resource to progress further with strategy at this time. Trust staff continue to engage in regional workstreams to progress action plan.



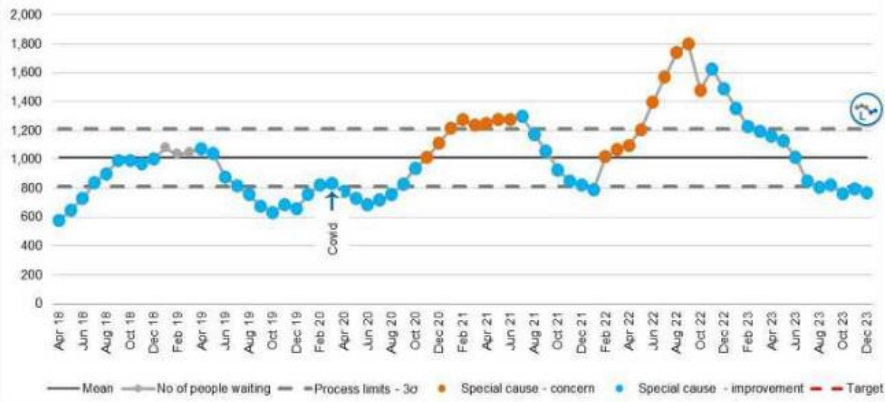


# Respite Service: Woodlawn House

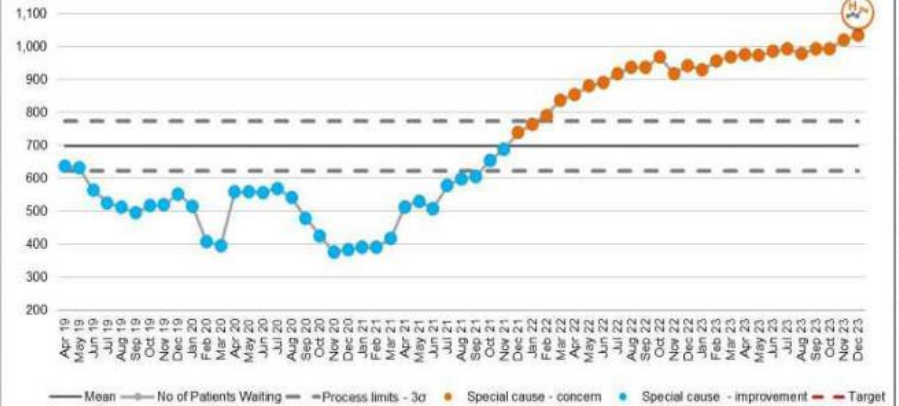
- **Provides nursing-led short break service for individuals with complex nursing needs and/or challenging behaviours.**
  - Service temporarily interrupted for short break provision for a limited period over Christmas.
  - Short Break provision has now resumed.
  - Contact has been made with all families affected during this period to reschedule planned respite for individuals.
  - No planned changes to respite services at Woodlawn House.

# Mental Health Waits

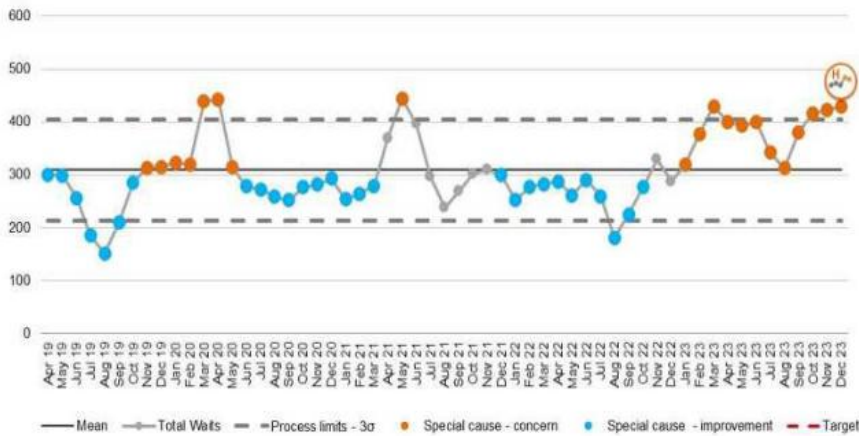
Primary Mental Health Waits Total- starting 01/04/18



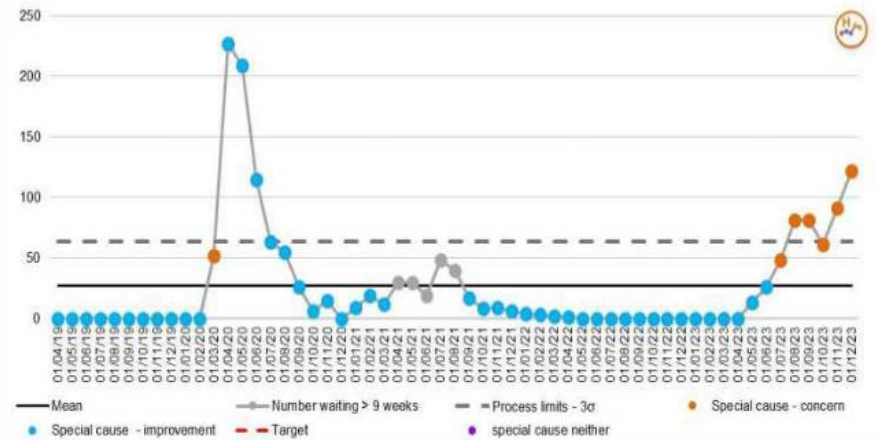
Psych Therapies Total Waits- starting 01/04/19



CAHMS Total Waits - starting 01/04/19

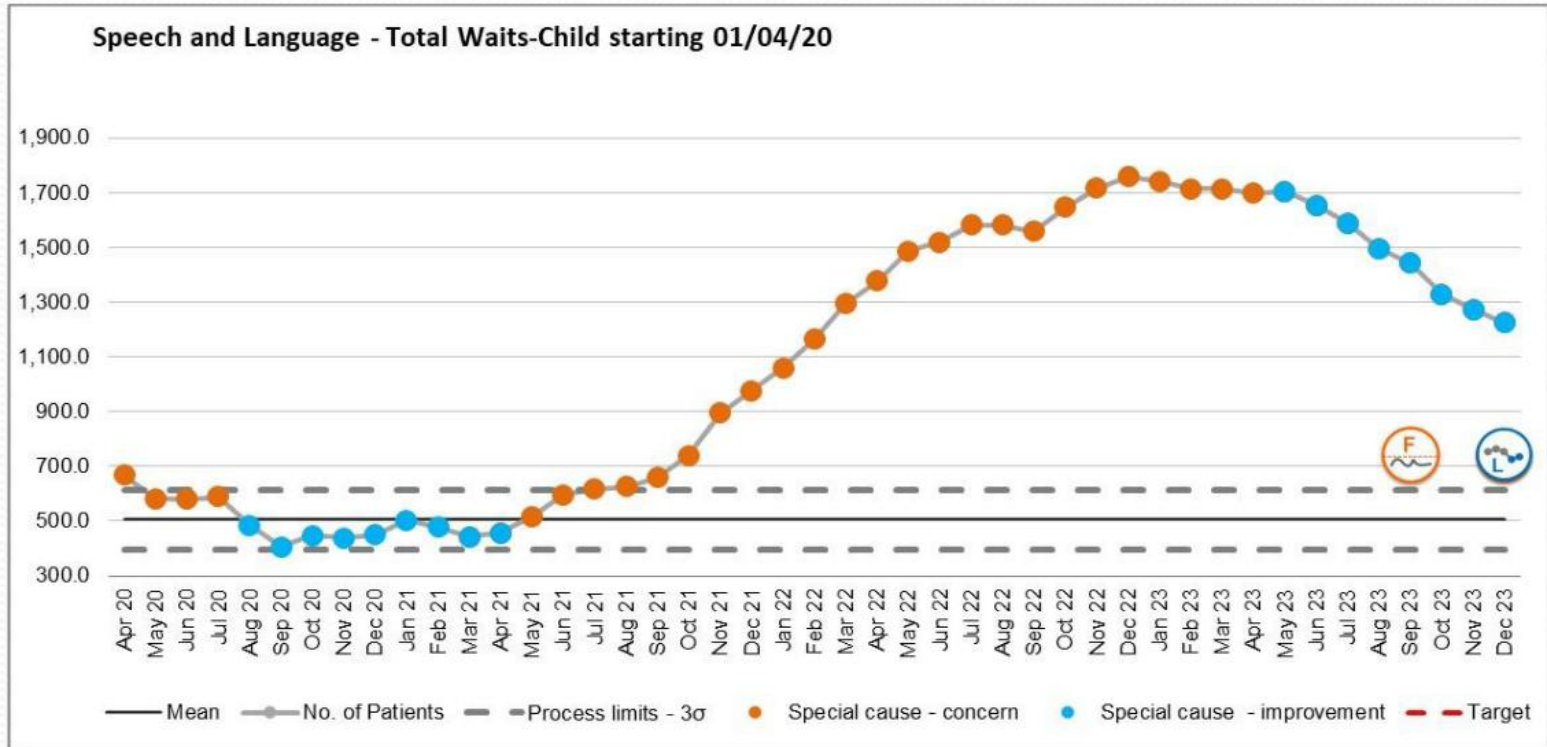


CAMHS Waits > 9 Weeks- starting 01/04/19





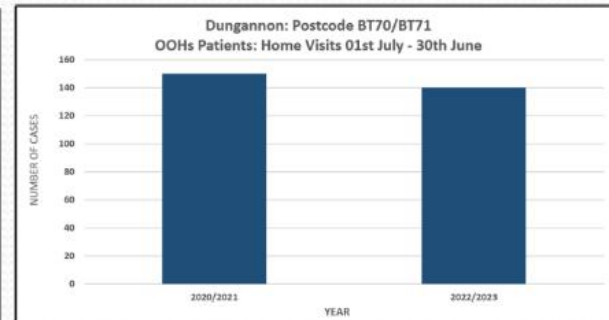
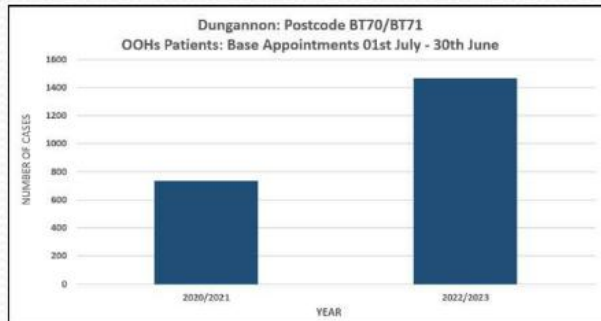
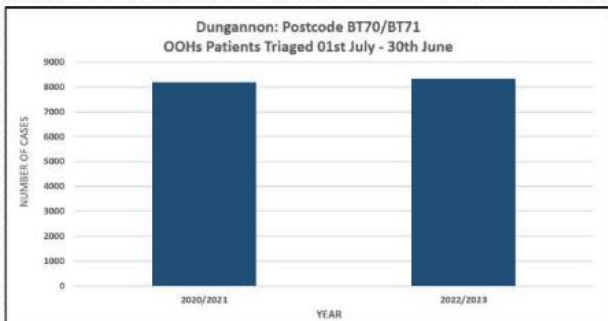
# Speech & Language Childrens Waits



# Urgent Care Out of Hours Service

Dungannon Patients: Postcode BT70/BT71: Case Summary 01st July - 30th June			
Year	Triage	Base	Visits
2020/2021	8186	736	150
2022/2023	8317	1465	140

Dungannon OOHs: Base Closure 01st July 2020-30th June 2021												
Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Average
66%	55%	47%	46%	42%	52%	63%	62%	62%	65%	60%	66%	57%



**Operates 7 days per week**

Monday – Friday

6pm – 8am

Saturday/Sunday/Bank Holidays

**Multidisciplinary team:**

Doctors,

Physio,

Advanced Nurse Practitioners,

Nurse Advisors



# **Moving Forward: Planned Capital Development**

- **Oakridge Social Education Centre**
- **Dungannon Community Care & Treatment Centre**

Department of Health undertaking a review of the 10 year capital plan.

# REGIONAL CONTEXT

The Northern Ireland Executive Programme for Government will drive changes to the delivery of our public services. As part of preparation for the move towards a new **Integrated Care System (ICS)** model strategic outcomes have been drafted.

## Integrated Care System

Delivering together to improve the health and wellbeing of the people of Northern Ireland and enable the population to live long, healthy, active lives.

In 2023/2024 the Southern Trust will be working with regional colleagues as the Pilot Test site for this new model.

As a partner, we will work in the Test Area Integrated Partnership Board with other key partners, including the community and voluntary sector, service users and carers, primary care representatives, including General Practitioners and Community Pharmacists, and those involved in our Community Planning Partnerships.

We will also work alongside our strategic partners, including the Strategic Performance and Planning Group of the Department of Health and the Public Health Agency, to plan and deliver services to our local population with a focus on reducing health inequalities and considering the wider factors and determinants that impact on our health.





# Partnership

## ICS NI – ONE PLANNING SYSTEM

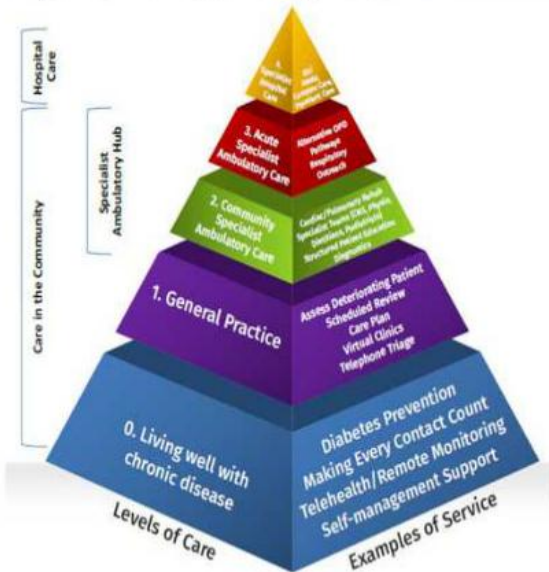
Delivering Together – for the population of today and tomorrow



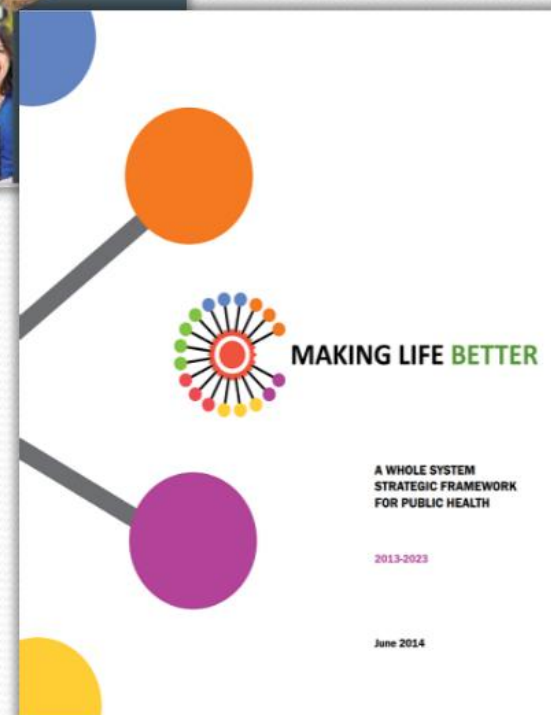
HEALTH AND WELL BEING 2026  
DELIVERING TOGETHER

### Multimorbidities – a Model for Integrated Care

HSE: Integrated Model for Prevention & Management Of Chronic

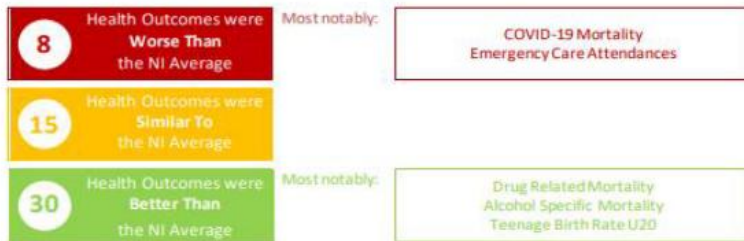


# Common Aims



## Mid Ulster Local Government District (LGD)

### Comparison with NI



### Comparison with Most Deprived Areas

Inequality gaps between the Mid Ulster LGD and its 20% most deprived areas:

#### Life Expectancy

- Male life expectancy in the LGD's most deprived areas was 77.8 years, **1.4 years** less than the LGD average (79.2 years). **No Change in Male Inequality Gap**
- Female life expectancy in the LGD's most deprived areas was 82.2 years, **0.8 years** less than the LGD average (83.1 years). **No Change in Female Inequality Gap**

#### Largest Inequality Gaps

SAR Alcohol Related (61%)	Teenage Birth Rate (U20) (57%)	SAR Drug Related (49%)	SDR Alcohol Specific (45%)	SAR Self-Harm (38%)
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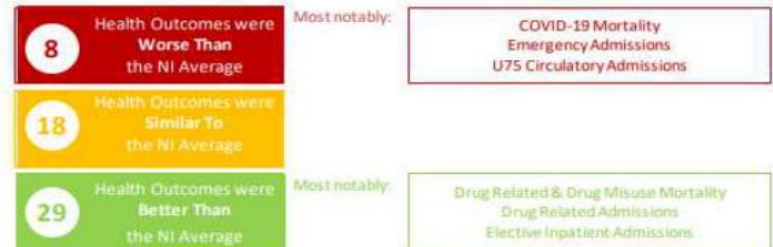
#### Changes in Inequality Gaps



This is a summary of findings only. For a full assessment and all figures see downloadable tables at: <https://www.health-ni.gov.uk/articles/health-inequalities-statistics>

## Southern Health & Social Care Trust (HSCT)

### Comparison with NI



### Comparison with Most Deprived Areas

Inequality gaps between the Southern Trust and its 20% most deprived areas:

#### Life Expectancy

- Male life expectancy in the Trust's most deprived areas was 75.8 years, **3.2 years** less than the HSCT average (79.0 years). **No Change in Male Inequality Gap**
- Female life expectancy in the Trust's most deprived areas was 81.3 years, **1.6 years** less than the HSCT average (82.9 years). **No Change in Female Inequality Gap**

#### Largest Inequality Gaps

Teenage Birth Rate (U20) (103%)	SAR Alcohol Related (99%)	SAR Drug Related (93%)	SDR Alcohol Specific (83%)	Smoking During Pregnancy (81%)
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#### Changes in Inequality Gaps



This is a summary of findings only. For a full assessment and all figures see downloadable tables at: <https://www.health-ni.gov.uk/articles/health-inequalities-statistics>



# Our vision and strategy moving forward



## Strategy Development Principles

<b>Ensuring safer care and improving quality is our top priority</b>	Delivering the best outcomes, best experience and safer care through a culture of continuous quality improvement
<b>Invest our resources where they add most value</b>	We will align our resources to where we will deliver the greatest benefit to our patients and clients and purposefully prioritise to maximise outcomes.
<b>We will follow through on our agreed actions.</b>	We will ensure we will do what we say, so that we deliver successfully on the commitments of our Vision & Strategy.
<b>Strengthen our relationships and listen to understand and learn.</b>	Continue to build on our internal and external relationships using a co-production approach, welcoming new ideas with a willingness to change how we delivery services.



Working together



Excellence



Openness & Honesty



Compassion

# Thank You



Southern Health  
and Social Care Trust

*Quality Care - for you, with you*